

IOWA'S HEALTH BENEFIT EXCHANGE

PRELIMINARY REPORT

FEBRUARY 15, 2011



OUR APPROACH

The Patient Protection and Affordable Care Act (PPACA) is a federal statute that was signed into law on March 23, 2010. Health Benefit Exchanges (HBE) are a tenant of the new law. HBE's are entities that will be in states to create a more organized and competitive market for health insurance by offering a choice of health plans, establishing common rules regarding the offering and pricing of insurance, and providing information to help consumers better understand the options available to them. On September 30, IDPH received a \$1 million, one-year, planning grant from the Office of Consumer Information and Insurance Oversight (OCIO) to start planning for the establishment of a HBE. PPACA requires that states have exchanges operational by January 2014, or the federal government will operate an exchange for the state. IDPH is collaborating with the Iowa Insurance Division (IID), Iowa Department of Human Services (DHS) and the Iowa Department of Revenue (IDR) as part of an Interagency Planning Workgroup to guide planning and make recommendations to the Governor on development of the Health Benefit Exchange.

The Health Benefits Exchange interagency workgroup is dedicated to ensuring considerable stakeholder involvement throughout the planning of Iowa's HBE. Therefore, five regional meetings were held and eight focus groups are currently taking place across Iowa to gain consumer buy-in and ensure a transparent planning process. The purpose of the regional meetings was to engage community stakeholders in an open conversation about their ideas and expectations of a HBE. The regional meetings were also used as an opportunity to educate the public about the HBE planning process. This education was done through presentations by members of the interagency workgroup and Joel Ario, Director of the U.S. Health and Human Services Center of Health Insurance Exchange. Chris Atchison from the University of Iowa's School of Public Health facilitated the regional meetings. Turn out for the regional meetings surpassed expectations. Over 200 participants battled some of Iowa's most challenging weather of the winter and postponed December holiday shopping to attend the regional meetings.

Focus groups also occurred after each of the regional meetings. Three additional focus groups have been scheduled this month to ensure that a true representation of Iowa's population is included in the final results. Participants from the regional meetings were invited to be included in the focus groups as representatives of Iowa's healthcare consumers. Participants were asked various open-ended questions concerning such elements as: What benefits should be included in the final benefit packages?, How should the information delivered?, and What tools should be available to make obtaining benefits more accessible? Participant input from both the regional meetings and the focus groups was recorded and will be used to draft final recommendations to the Governor and legislature.

THE SCHEDULE

December 13, 2010	Des Moines Public Library
December 14, 2010	Iowa City Public Library
December 20, 2010	Waterloo Public Library
December 21, 2010	Sioux City, Wilbur Aalfs Library
January 4, 2011	Ottumwa Public Library



What do Iowans want to know?

Regional Meeting Highlights

The Regional Meetings included an opportunity for public comment. Each audience had several comments and posed many questions to the facilitators. These comments and questions contained several common themes. Among those are the following:

- People with disabilities should be considered in the planning process. They will have unique needs with regard to navigators and benefits. Accessibility to the Exchange is important, as is health literacy.
- Preventive services, mental health services, and care coordination should be covered by the plans participating in the Exchange.
- Shortages in the public health and primary care workforce could greatly impact the ability of rural Iowans to obtain services. Recruiting and retaining providers should be a priority, especially with a growth in the Medicaid population.
- Special consideration should be given with regard to privacy, education, evaluation of the Exchange, small employers, the increase in the Title XIX population, how navigators are chosen, the types of carriers that participate, and the products offered.
- Be sure health care plans sold within the Exchange are offered in conjunction with an adequate provider network in all areas of Iowa. Plans should work closely with providers to ensure consumers have access to covered services in proximity to their community.

Focus Group Highlights

The Focus Group discussions were based on 12 open-ended questions. The questions were selected to provide a clear idea of how an Exchange should be organized, assisting the planning committee and legislators with their duties. In addition to the themes in the Regional Meetings, several other common themes were uncovered. They were the following:

- The Exchange should be a One-Stop shopping, comprehensive experience where plans could be researched and purchased in the same location.
- Access to the Exchange should range from electronic means to personal interactions. One size does not fit all in this case.
- Navigators should be trusted sources within communities. They must possess personal knowledge of their community in order to conduct successful outreach, and exist in a variety of locations throughout their territory. There must be more than one in a community and these positions should be funded. The *hawk-i* and SCHIP outreach models are examples that could be replicated.



- The Exchange should offer enrollment in public programs as well as private programs.
- There may be some who continue to choose not to enroll in a health plan and consideration should be given to this and its implications for the Exchange. Small business owners are an example of a population that may still not be able to afford to insure their employees, and may suggest they seek individual plans within the Exchange. These employees may or may not choose to obtain coverage.
- The process of gathering information from Iowa's citizens should be continued as the advisory board meets and the Exchange is formed.
- Tax credits are an incentive to participate in the Exchange, however, some may not understand these kinds of benefits and there is still a cost. Premium guarantees should be discussed as well as how competition between insurance companies will affect premiums.
- The Exchange would attract a variety of participants ranging from those who are currently uninsured, self-employed, small non-profits, and other employers looking for cost-control with regard to health insurance.
- Public Health should be utilized as a resource for education, care coordination, preventive care, and advocacy within the Exchange.
- There will be trust issues with the Exchange. Addressing privacy and Iowa's cultural values will assist in overcoming this obstacle. Education, regulation, and personal choice will also ease distrust. This is a job for the Navigator and the reason the Exchange should be comprehensive and contain quality health plans.
- Outreach workers are the best way to spread the word about the Exchange. Social media campaigns including the Internet, TV, and radio should be utilized as soon as possible. A public education campaign should begin as soon as possible.
- The process of gathering information from Iowa's citizens should be continued as the advisory board meets and the Exchange is formed.